Acute Specialty Hospitals - Shriners Hospitals for Children

2019 Hospital Profile

Shriners Hospital for Children is a health care system dedicated to pediatric specialty care, research and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

Shriners Hospital for Children - Boston is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Forty-eight percent of its revenue comes from inpatient services, and the hospital reported 117 inpatient discharges in FY19, 24% less than in the prior year. Its most prominent cases in the region were partial thickness burns with or without skin graft and skin graft for skin and subcutaneous tissue diagnoses.

Shriners Hospital for Children - Springfield is a 40-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for othopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pedaitric orthopedics and initiated new services including post-acute fracture care management, sports health and medicine, and urology. Thirty-four precent of its revenue comes from inpatient services, and it had 159 inpatient discharges in FY19, a 12% increase from FY18.

Shriners Hospitals for Children - Boston

Boston, MA

At a Glance	Payer Mix		
TOTAL STAFFED BEDS: 30 % OCCUPANCY: 16.35% INPATIENT DISCHARGES in FY19: 117	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?		
PUBLIC PAYER MIX: 30.3%	Shriners Average Boston Acute Hosp	ital	
CASE MIX INDEX: 5.02			
TAX STATUS: Non-profit	65% Commercial & Other* 37%		
INPATIENT:OUTPATIENT REVENUE in FY19:	48%:52%		
INPATIENT COST PER CMAD: \$35,419	State Programs		
CHANGE in OWNERSHIP (FY15-FY19): N/A	35% Medicare and Other Federal Programs		

	FY16	FY17	FY18	FY19
Average Length of Stay	11.8	13.5	11.3	15.3
Inpatient Discharges	223	198	154	117
Outpatient Visits	6,608	6,383	6,157	6,297

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$5.2	\$5.2	\$0.0	\$41.5	
2017	\$2.5	\$2.5	\$0.0	\$43.7	See Note
2018	\$8.4	\$8.4	\$0.0	\$40.1	
2019	\$9.0	\$9.0	\$0.0	\$42.1	

Shriners Hospitals for Children - Springfield Springfield, MA

At a Glance	Payer Mix		
% OCCUPANCY: 7.50% (gn INPATIENT DISCHARGES in FY19: 159 PUBLIC PAYER MIX: 46.5%	oss charges) mpare to the	ospital's overall and how does t average acute h	his hospital
TAX STATUS: Non-profit INPATIENT:OUTPATIENT REV. in FY19 34%:66%	47%	Commercial & Other*	37%
INPATIENT COST PER CMAD: \$44,365 CHANGE in OWNERSHIP (FY15-FY19): N/A	53%	State Programs Medicare and Other Federal Programs	45%

	FY16	FY17	FY18	FY19
Average Length of Stay	4.5	4.4	5.2	6.9
Inpatient Discharges	91	134	142	159
Outpatient Visits	13,765	16,593	17,020	16,740

	Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss	
2016	\$8.8	\$8.8	\$0.0	\$18.6		
2017	\$13.5	\$13.5	\$0.0	\$22.8	See Note	
2018	\$12.2	\$12.2	\$0.0	\$24.1		
2019	\$12.9	\$12.9	\$0.0	\$24.8		

Note: Shriners Hospital Boston (SHB) and Shriners Hospital Springfield (SHS) are part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's and SHS's profitability margins are not comparable to other acute hospitals.

^{*}A significant portion of Other Charges are supported through the SHC Endowment.